

## Geologist and/or Specialty License Online Application Supplement

Use this form to apply online for a Washington Geologist and/or Specialty License.

This form will be uploaded during the online application process.

	iormation

Personal innormation									
PRINT or TYPE Name (Last, First, Middle – will app	pear in the proper or	der on your wall c	ertificate)						
Date of birth (mm/dd/yyyy) Social Security number	r required* (or ITIN,	Green Card, Can	adian SIN)						
If you are applying by <b>reciprocity</b> , indicate the state where you passed an exam for licensure		License state	Date of origin	original license		License number			
If you are applying by <b>reciprocity for a spec</b> the state where you passed a specialty exam	ialty license, indi- for licensure	cate	Specialty		Year lice	nsed	License num	nber	
**All United States applicants are required by forograms (42 U.S.C. 666(a)(13) and RCW 74.2 similar names. Submission of your SSN is man	0A.320). It may al	lso be used for	education loa	n repayme	nt prográi				
Location for exam		Di	ate of exam						
☐ West of Cascades ☐ East of C	ascades								
Educational background (atta	ach additional	sheets if req	quired)						
Name of college, university, technical school	Location		Dates of atter From	Dates of attendance From To		Degree			
Applicable education and supplemental training	Location		Date of attendance From To		Certi	Certificate/Degree etc.			

**Qualifying experience**—List in chronological order *(most recent first, attach additional sheets if required)* Include only **practical work experience** performing activities involved in the practice of **geology**.

A resumé alone is not enough.

Full name and complete current address of employer, including self employment and military service	Period of employment (month/year)	Total hours worked per week	Nature of service performed List types of projects, major duties	Verifier name and title
	From			
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